

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	2					
16	2					
17	2					
18	2					
19	2					
20	1					
21	1					
22	2					
23	2					
24	2					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	2					
37	1					
38	1					
39	1					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	48					
TOTAL CLAIMS	49					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						